

Contract vumber	CTN. 4D. 13 X 089-	01
Effective Date :	6.30-13	
Term Date :	12.31.13	
Cost :		
Revenue : 17	7,750	
Total :	NTE:	
Ac	ition	
Renewal By :	/0-1-13	
Term :	n 12-31-13	
Reviewed by:	Wak	

BOARD OF SUPERVISORS AGENDA ITEM SUMMARY

Requested Board Meeting Date: Sept. 3, 2013

ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:

The Arizona Department of Health Services, Office of Chronic Disease Prevention and Nutrition Services, receives funding through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) and the State of Arizona to provide a statewide breast and cervical cancer screening program, known locally as the Well Woman HealthCheck Program. The WWHP is part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Funds from this program are used to provide breast and cervical cancer screening and diagnostic services for women with incomes up to 250% of the Federal Poverty Level. Cancer treatment cannot be covered by this grant, but women diagnosed with cancer are screened for AHCCCS eligibility.

Amendment #1 ADHS Contract No. 13-029607 for Pima County's Well Women HealthCheck program, extends the grant for a six month period, though December 31, 2013. The annual do not exceed amount of \$882,500 in the contract was not changed. Therefore, this extension represents a maximum amount of \$441,750 for half a year's funding.

CONTRACT NUMBER (If applicable): CTN 13*0089

STAFF RECOMMENDATION(S): Approval

CORPORATE HEADQUARTERS: 1740 W. Adams, Phoenix, AZ 85007

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10: CoB-8.21.13 Agenda 9.3.13 (2)

		CLERK O	F BOA	ARD USE ON	ILY: BOS MT	G
·					ITEM NO)
PIMA COUNTY COST:		and/or	REVE	NUE TO PIN	IA COUNTY:\$_	441,750
	FUNDII (i.e. Gen	NG SOURCE(eral Fund, State	(S): <u>s</u> Grant	tate Grant Fund - A Fund, Federal I	ADHS Fund, Stadium D. I	-und, etc.)
Advertised	l Public Hear	ring:			· · .	
		YES	X	NO		
Board of S	Supervisors L	District:				
1	2	3		4	5	All X
IMPACT:				·		
IF A	prog diag	gram will cont Inostic service	inue to es prot	receive bre vided througi	ast and cervica	uirements of the I cancer screening a Pima County Health nber 31, 2013.
IF D	ENIED:					
-		services pro			eceive breast a tracts the Pima	nd cervical cancer County Health
DEPARTM	ENT NAME:_	<u>Health</u>				
CONTACT	PERSON: S	haron Grant			TELEPHON	E NO.: 243-7842



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax

Procurement Specialist Manuel Gonzales

Contract No: ADHS13-029607

Amendment No. 1

Well Woman Healthcheck Program

It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective date of final signature unless otherwise specified, as follows:

			Conditions, Provision Four (4) Contract Administration and sereby extended through December 31, 2013.
Operation -	TIL, COMMENT TONOWAY		CONTRACT
		NO	2TN-HD-13000000000000000000000000000000000000
		1	ENDMENT NOO/
			number must appear on all
		Invol	ces, correspondence and ments pertaining to this
	All other	provisions of this	s agreement remain unchanged.
			CONTRACTOR SIGNATURE
Pima County Healtl	h Department		
Contractor Name 3950 South Country	y Club, #100	17 (Table 1881)	Contractor Authorized Signature
Address			Printed Name
Tucson	Arizona	85701	
City	State	Zip	Title
Pursuant to A.R.S. § 11- has determined that this	CTOR ATTORNEY SIGNATUR -952, the undersigned public a Intergovernmental Agreemer owers and authority granted u	agency attorney It is in proper	This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory. State of Arizona
Paul Pu		513	Signed this day of 2013
Signature Day T	Pervera	ř	
Printed Name			Procurement Officer
Agreement between put A.R.S. § 11-952 by the thas determined that it is	act No. PIGA2012000344, whi olic agencies, has been reviev undersigned Assistant Attorne in proper form and is within ti the laws of the State of Arizor	ved pursuant to by General, who ne powers and	
Signature Assistant Attorney Gene	eral	Date	
Printed Name:			
			1. REVIEWED BY MALLON F

REVIEWED BY:

Appointing Authority or Designee Pima County Health Department